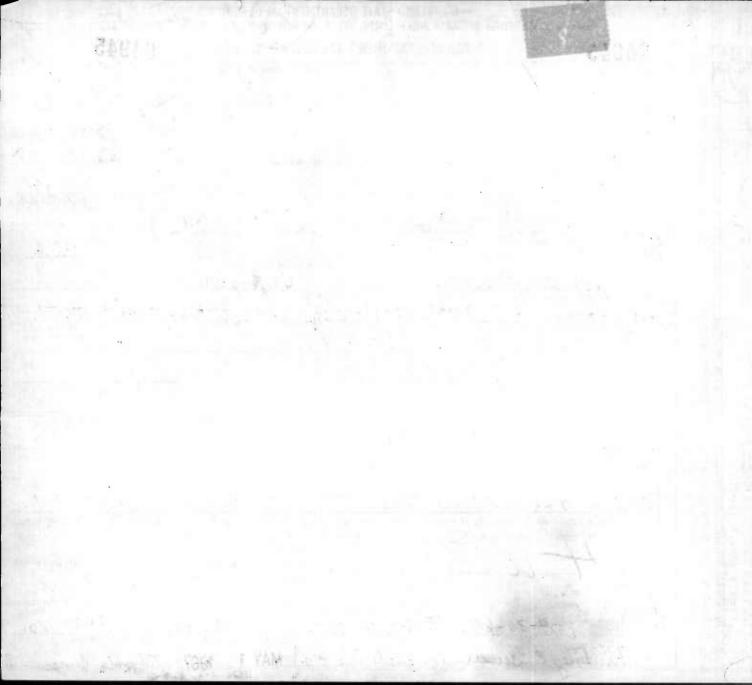
FOR STATE		04945 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 049	45
EALTH DEPT.		PLACE OF DEATH O. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Res o. STATE b COUNTY	Moul
offin. If any deloy is ogges 1, 2, and 3 to fith form PM3. Agges State Department of 2 hours after death.		b. XITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b-	c. CITY OR TOWN (If outside corporate timits write RURA) and	give nearest town)
Pages 1, 2 Mith form  Stote Dep  72 hours a		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
the de		NAME OF DECEASED (Type or print) (Middle Sharing Br	Lost 4 DATE Month OF DEATH	26 1967
© ∞ 6 ≥ ≥ ×	S.	WIDAWED DIVARCED S	8/10/85 Bast birthdoy) Month	
nn 24 haurs ncil in Item niner's Office pages land 2 in any event	dur	USUAL OCCUPATION (Give kind of work done Indigential Mark of Business OR Indigential Indig	la "	COUNTRY? U.S.A
I within 24 in pencil in Exominer's File pages and in any	13.	Games Brown	14. MOTHER'S MAIDEN NAME UNKNOWN	
	(ye	is, no, or unknown) (If yes give wor or dates of service) 225-16-1286	Sligabeth Funn-Prince	
be hief hief ansit		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ela send deserne	ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a),		3.70
de de		stoting the underlying couse (c)  PART MY. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TI	THE TERMINAL DISEASE CONDITION CHEEN IN DART 1/->	19. WAS AUTOPSY
ate, e fo be u to the t	CERTIFICATION	friet at home	(Enter noture of injury in Port I or Port II of item 18.)	PERFORMED? YES NO
ertifi uld auld prio		PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	CE OF INJURY (Home, form, 20f. (City or town)	(County) / (Stote)
your Page 4 age d	MEDICAL	74 Hour a.m. 426 1967 of work Not While of work 121. I certify that I taak charge of the remains described above, hel	pry, street, office bldg., etc.)	and in my apini
iretor. Pag iretor. Pag oined for y IRECTOR: Pd designated		death resulted fram: Natural causes Accident , Suici	ide, Inspection, Induity ide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER	
ry, ple erol d be ret RAL D or its		ACTUAL SIGNATURE EXAMINER'S	_M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22/DATE SIGNE
necessory, the funero 5 may be 70 FUNERA Health or	230	NAME (Type)  BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C. REMOVA) (Specify)		(County) (Stote)
VR A15ME (S)	24	FUNERAL DIRECTOR  ADDRESS  ADDRESS	em. Elberon  250. REC'D BY REGISTRAR  25b. REGISTRAR	Surry Va.
6M 1/66	_	Finding E. Sewell Fr. Frederick	Md. MAY 1 1967 golian	la Judge



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04946		CERTIFICATE	OF DEATH		049	46
1. PLACE OF DEATH o. COUNTY Calvert b. CITY OR TOWN (If outside c	orporote limits,	MARYLAND	o. STATE Mary	Where deceosed lived, if institut b. COUI land tside corporote limits, write RUI	Cal	vert
write RURAL and give near Rural-Prince d. NAME OF HOSPITAL OR INST Calvert Count	Frederic ITUTION (If not in hospi	tal, give street oddress)	ural-Prin d. STREET ADDRESS	ce Frederic	k /	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Blanch	Middle	lost Cox	4. DATE Mont		Doy Year 11 19 67
S. SEX 6. COLOR female whi	or RACE 7. MARR	NED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years last birthday) 8 8 yrs.	Months Doy	R IF UNDER 24 HRS. 's Hours Min.
10o. USUAL OCCUPATION (Give kind during most of working life, even if HOUSEWIII)  13. FATHER'S NAME	raticad)	b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		& State, or foreign country)	12. CITIZEN COUNTR U.S	Y?
James S. F.  15. WAS DECEASED EVER IN U.S. AR (Yes, no, or unknown) (If yes give	MED FORCES?		Mary A.			ck. Md.
1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMM  3 3 1 X  Conditions, if ony, which gover rise to immediate cause (a stating the underlying cause last.	USED BY: EDIATE CAUSE (o)  DUE TO  (b)  (b)	e for (o), (b), and (c).)  192017 F	enelie	bul		INTERVAL BETWEEN ONSET AND DEATH
PART II, OTHER SIGNIFICANT  206. ACCIDENT WAS UNDERLYI OR CONTRIBUTING  CAUSE O	NG □ 20	ING TO DEATH BUT NOT RELATED TO TO b. DESCRIBE HOW INJURY OCCURRED. (				PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING OF INJURY Month Hour o.m.  p.m.	AMINER) , Doγ, Yeor 20		E OF INJURY (Home, form ry, street, office bldg., etc.)		(County)	(Stote)
saw the deceased 220. SIGNATURE	l) (this haspital) at	tended the deceased fram	death accurred at ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		IGNED
23o. BURIAL, CREMATION,	am F. el  23b. DATE THEREOF  April 7,19	Damalouji, M.  23c. NAME OF CEMETERY OR 67  Huntingtown,	- Harris RY	e Frederick 23d. LOCATION (City or To	wn) (Cou	nty) (Stote)
24 FUNERAL DIRECTOR	11	ADDRESS No.	2So. REC'C		GISTRAR'S SIGNA	IURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages Trand should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours diterated Page 4 may be retained by the haspital ar attending physician.

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VR A15 (4) 20 M 1/66

log swife and boscatte MENTER SELECTION SERVICE. ADEAL Z. 1987 BERTINSSONS, Maryland Brownings was Lilvert, No. A Contract the Annual Course of the Course o

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 1	0494	7		CERTIF		OF DEATH  USUAL RESIDENCE (	Where deresed li	and if incitivati	0494	17	ion
(		Calvert		MARY	LAND	a. STATE Ma.		b. coun	TY Blue	est	1011)
t	write RURAL and	If autside carporate limi d give nearest town)	is, A C.	LENGTH OF STAY IN	l lb c.	CITY OR TOWN (If o	utside corporote li	mits, write RUR	AL ond give ne	orest town)	
(		AL DR INSTITUTION (IF	ot in hospital, give	street address)	d.	STREET ADDRESS	CC IN Souras	<u>ea e fi</u> -	VCR	e. IS RES ON A YES	FARM?
	NAME DF DECEASED		irst 11iam	Middle Presto	n F	lost owler	4. DATE OF DEATH	Month Apri		Day Y	ear 67
_	Type or print) EX M	6. COLOR OR RACE	7. MARRIED X	NEVER MARRIED DIVORCED	□ 8. p	ATE OF BIRTH	9. AG	E (In years st birthday)	IF UNDER 1 YE Months Do	AR   IF UND	R 24 HRS. Min.
	ng most of working	(Give kind of wark dand life, even 11 retired)	10b. KIND ( INDUST	OF BUSINESS OR RY Retire	1	1. BIRTHPLACE (County	1		12. CITIZE COUNT	N OF WHAT	A.
13.	FATHER'S NAME	Ham	Fowler		14.	MOTHER'S MAIDEN	NAME	wen			
15. (Ye	WAS DECEASED EVE s, no., or unknown)	R IN U.S. ARMED FORCES: (If yes give war ar dates	of convice)	AL SECURITY ND. 28-683	17. INFO	MANT .	Swler-	- Punc	se Fre	dori	kmo
	18. CAUSE OF DI PART I. DEA	EATH (Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSI	use per line for (a),		Que	luser	n			ONSET AND	
	Conditions, if any	DUI , which gave )	(b) Cecto	Soldier	ac .	C.V. d	iseas	e		540	alo.
	rise to immediat stating the unde last.		(c) O. V.	a.						o yea	isag
ATION	PART H. OTHER SI	GNIFICANT CONDITIONS	170	EATH BUT NOT RELI	ATED TO THE T	FRMINAL DISEASE CO	NOTION GIVEN IN	PART 1(0)		19. WAS AU PERFORI YES	OPSY NED? NO
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRI	BE HOW INJURY OF	CURRED. (Ente	nature of injury in	Part I or Port II	of item 18.)			
MEDICAL	Haur a.ı p.:	m. 19	While at work	Y OCCURRED Nat While at work	factory,	F INJURY (Home, for street, office bldg., etc	.)	ty ar town)	(County		(Stote)
	21. I certi	<b>fy</b> that (I) (this ha eceased alive on_	spital) attended	the deceosed	from and that de	eath occurred a	19 <u>53</u> , to 1 <b>11:1/5/(p</b> /fr		and on the	date state	
	220. SIGNATURE	acl.	SOF		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE	67	
	22c. PHYSICIANS NAME (Type		Page C.	Jett, M.	D.	22d. ADDRESS	Prince F	rederio	ck, Mar	yland	
23a	BURIAL, CREMATION ALL (Specify		1967 /	3c. NAME OF CEME ASDUTU	TERY OR CREA	tery	Ba	ON (City or Jov	w (all	ert	State) Md.
24	FUNERAL DIRECTO	skull &	Son for	ADDRESS	Me	ME APR	D BY REGISTRAR	12 000 11	GISTRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

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		er gled on the entire of the letter.	
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		9	
			ATTENDED

04040

	04340	CERTIFICATE	OF DEATH		CHCH
Ī	PLACE OF DEATH     O. COUNTY		2. USUAL RESIDENCE (Where deceos	ed lived, if institution: Residen	ce before odmission)
L	Calvert	MARYLAND	o. STATE Maryland		vert
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporo	e limits, write RURAL ond give	e nearest tawn)
	Rural-Prince Frederick		Rural-Port R	epublic	04.1
ı	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
ь	Calvert County Hospita		Mutual		YES X NO
	3. NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month	Doy Year
-	(Type or print) Sarah  SEX 6. COLOR OR RACE 7. MARRIED		reeland DEATH  B. DATE OF BIRTH  9.	AGE (In years   IF UNDER )	11 1967
	7. WARRIED		4-10-75	last birthdoy) Months	Doys Hours Min
	Ciliato	KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or for	7 - 7	IZEN OF WHAT
Ç	during most of working life, even if retired)	INDUSTRY!	Maryland	(A)	NTRY?
	13. FATHER'S NAME	Refered	14. MOTHER'S MAIDEN NAME	1 0	.U.A.
	Fayette Freeland		Eliza Frazie	r	
-	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	5. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
ı	(Yes, no, or ynknown) (If yes give wor or dotes of service)	5-56-7620 Ha	rry H. Harknes	s Port Rep	ublic, Md.
F	10 CAUSE OF DEATH (Enter only one saves are line &	(-) (())			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Somon	Occlusion		ONSET AND DEATH
	4201 DUE TO	0	Salus 5	20.	
	Conditions, if ony, which gove isse to immediate couse (a),	Omeren	s alleros	Carons	
l	stoting the underlying couse				Description of the last of the
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH OUT NOT DELATED TO 3	THE TERMINAL DISEASE CONDITION CHIS	L BL DADT 1/ A	19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CONDITION GIVE	I IN PART I(0)	PERFORMED?
	200. ACCIDENT WAS UNDERLYING  20b. II CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INTERV OCCURRED	(Enter noture of injury in Part I or Port	II of item IR)	AEZ NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIPE (1011 III) OCCURRED.	and notice of injury in Part 1 of Post	11 01 1011 10.)	
		INJURY OCCURRED 20e. PLAG	CE OF INJURY (Home, form, 20f.	(City or town) (Cou	unty) (Stote)
-	Hour o.m. Whi of wo	le Not While foct	ory, street, office bldg., etc.)		
			arch 8. 19 67 to	April 11196	7. that (1) (we) 1
l	21. I certify that (I) (this haspital) atters saw the deceased alive on April	11 1967, and that	death accurred at 7:250 M		
L	220. SIGNATURE	1	ATTENDING MED.	STAFF 22b. DA	ATE SIGNED
l	- avadue	M.D.	PHYS. LX DIRECTOR	STAFF PHYS.   L1-	12-67
ı	22c. PHYSICIAN'S NAME (Type) Roberto de Vil	Tannaal M D	22d. ADDRESS	d, Maryland	
F	23o. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR			
	REMOVAL (Specify)	Christ Church	10 -1 11	10 10- 0	(County) (State)
1	24. FUNERAL DIRECTOR	ruly ADDRESS BL	2So. REPD BY REGISTR	AR 2Sb. REGISTRAR'S SI	
1	004/1	aug at	400 10 4	OCT Ocharle	y moge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death Poge 4 may be retained by the hospital or attending physician.

VR A15 (4 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours at

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO HOSPITAL

04949		CERTIFICATE	OF DEATH		U4943
1. PLACE OF DEATH o. COUNTY Calve	rt	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived, if institutio b. COUNT	
b. CITY OR TOWN (If autside carpo write RURAL ond give nearest Rural-Prince F	rederick	ength of stay in 16	c. CITY OR TOWN (If out	side carparate limits, write RURA	04.1
d. NAME OF HOSPITAL OR INSTITUT		treet address)	d. STREET AOORESS		e. IS RESIDENCE ON A FARM?
Calvert Count		Middle	l	4. DATE Month	YES NO X
3. NAME OF DECEASED (Type or print) E11	First 8.	Rea Gr	eaver	OF DEATH April	22 1967
S. SEX 6. COLOR OR	William D		2-10-87	9. AGE (In years last birthday) 79 yrs.	Manths Days Haurs Min.
Female Whit  100. USUAL OCCUPATION (Give kind of v during most of working life, even if retir HOUSEWIFE	vark dane 10b. KINO 0	F BUSINESS OR		State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  Robert L. St	ead		14. MOTHER'S MAIDEN N	AME	
1S. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes give wor	or dates af service)	El	nformant va Wise, C	Address Chesapeake B	
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause (ast.	DUE TO  DUE TO  (c)  OBY:  CITC CAUSE (a)  (b)  CITC  (c)	elatony Eliver sut Di	y titis, a	rteroscler	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CON	OITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL OISEASE CON	OITION GIVEN IN PART T(a)	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING I CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAM)  20c. TIME OF INJURY Month, Do Hour a.m.	ATH			Part I ar Part II of item 18.)	
p.m.	19 While at wark	Nat While at wark	CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)		(Caunty) (State)
saw the deceased all	this hospital) attended te on 4-7-7	the deceased fram 1		9, to <u>11=22</u> M, fram causes a	, 19_67that (I) (we) last and on the date stated abave
22a. SIGNATURE	might	un / M.		MEO. STAFF DIRECTOR PHYS.	22b. DATE SIGNED  11-22-67
22c. PHYSICIAN'S NAME (Type) Osmar		M.D. /	Prince F	rederick, M	
Burial 4-		Be. NAME OF CEMETERY OR  Tt. Lincol	n Cemeterv	23d. LOCATION (City or Town	
24. FUNERAL DIRECTOR Lee Funeral H	ome W	AOORESS Vashington		new #	ianles Judge

.01940 2,4230 La Secondaria VEL 1 Marrahar on the - Andis Terral State State of Lauren He years to a second to the se Tradition for the state of the state of the with comes J. Margary, M.D. J. . . Extend The newfors, Margarine 18 (4) 18 P. C. T. T. B. D. C. S. S. L. D. Luo balle of the Control of the Contro

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #7 Film #0387 11167 DE DEATH

CERTIFICATE OF DEATH 24950

_	003	- M	
10	and and	M	PLACE OF DEATH () 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
de			O. COUNTY OF DET
er	he full	X	makitand // d
of o	ge	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
haurs afte	s. Pages I		Lucky ma 22 455, Quely mo. 111
hai		-	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  d. STREELADDRESS  e. IS RESIDENCE
4	-=		ON A FARM?
n 2	filled in papers. thin 72 h		Cone bont block YES NO
within	<del>+</del> <del>+</del> <del>+</del> =	3	NAME OF First Middle Last 4. DATE Month Day Year
3	carban tnt, wit		DECEASED (Type or print) Tohn H. ODSS DEATH April 7 1967
eq	cal	-	
E	E C C	,	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 Hrs.
executed	remave remave		Male white WIDOWED   DIVORCED   Tel 21 1901 66 yrs.
9	0 -	10	a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPCACE (County & State, ar foreign country) 12. CITIZEN OF WHAT
d D		d	(OUNTRY?)
ate	icio	-	PATHON HAME ( MANGEL KYRKAD TOS COSP. T. Q. U.S. H.
ij	_ 0	'	FATHER'S NAME. 14. MOTHER'S MAIDEN NAME.
certificate	ing ph) Then remova		John C. Goss Vennie Brackhill
	The		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
death	attendir ermit. In, ar re	(	es, na, or unknown) (If yes give war or dates af service) "
Ö	ern ern In,		NO - I MILESTELLEN COST MUSELY, MIG.
‡	۵.۵		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  NITERVAL BETWEEN ONES AND DEATH.
to .	by the ransit		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) COLORAN OCCUSION  ONSET AND DEATH  STREET
부명	cre fra		4301 DUE TO 0 10
res	al,		Conditions if any which cause > 0 T WI . To 0 V does not a 10 closes.
hy	signe buria buria		ase to immediate rause (a)
g l	a b		stating the underlying cause DUE TO
ĕë	th ort		lost. (c) George Much genery
e le	as as pri		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?
를 p	the se	3 3	PERFORMED?
~ ō	icate ho far use Health	3 SILVATION	
To To	4	GEDTIE	20o. ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II or Part II of item 1B.)
Spies	ert ed i. a		(IF EITHER, NOTIFY MEDICAL EXAMINER)
유	this cert etached Dept. a	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (Caunty) (State)
he he	e D det	E G	Hour a.m. While Nat While factory, street, affice bldg., etc.)
NG	offer be o		p.m. 17 grwork — grwork —
99	AP		21. 1 certify that (I) (this haspital) attended the deceased fram
ne ne	# 15 E		saw the deceased alive an 4/7 1967, and that death accurred at 6.5 M, Fram causes and an the date stated above
AT	E & E	٦.	22a. SIGNATURE 22b. DATE SIGNED /
2	× × ×	-1	M.D. PHYS. DIRECTOR DIRECTOR DIPHYS. DI 41/8/67
0 %	page page e filed		22c. PHYSICIAN'S 22d. ADDRESS
TA	pag e fill	11	MANUE (T. ma)
P	d b	L	PAGE O. WELL TRUERIER MAD
HOS	O FUNERAL director, po shauld be f	2	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION, (City or Town) (County) (State)
O HO Page	유		removal (specify) on april 10,1967 Cedar Hill Fremutry Scuttand Md.
=	= 0	-	4. FUNERAL DIRECTOR 250_ REGISTRAR 200 REGISTRAR SIGNATURE CONTROL OF THE PROPERTY OF THE PROP
	/R A15 (4)		DO Klarker T. Con P. A. (In Mar. On APR I I 1961) F
	20 M 1/66	1	fey or verile Ma, DATE

Odebo Radio South Edward 

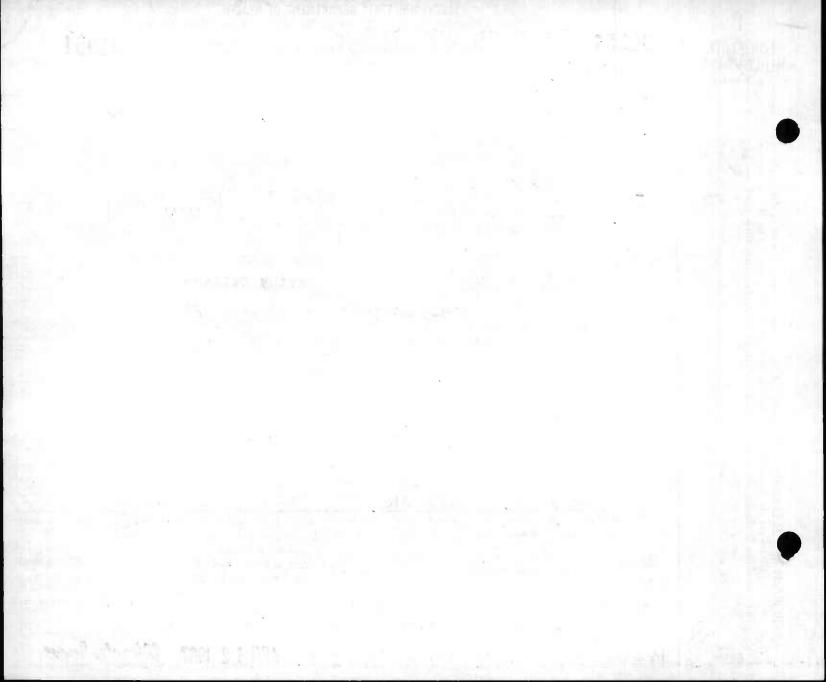
Division of STATISTICAL RESEARCH AND Item #9 Film #G387 301 07.051 FOR STATE HEALTH DEPT. P.M3. Page any delay is and 3 to 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the Stote Department of **O FUNERAL DIRECTOR:** Page 3 snovia be used us a variation, ar removal, and in any event within 72 hours after death. Health or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND

3. NAME OF DECEASED PURILY STATE OF DECEASED P				14951						
		O. COUNTY								
	(	OCTY OR TOWN (If outside corporate limits)  White RURAL and give negross town)  C. LENGTH OF STAY IN 1b-		give neorest town)						
19	(		d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO						
		DECEASED (Type or print) Covonida factor	OF DEATH	S Day Year 7						
		WIDOWED DIVORCED	D/2-7// Association Month	ns Doys Hours Min.						
	dur	ing mast of working life even if retired) INDUSTRY	MA	COUNTRY?						
		from Cutter	Marthy Wallace							
		es, no, or unknown) ((If yes give wor or dotes of service)	Address Address							
		PART I. DEATH WAS CAUSED BY:	hemmorrhy-	INTERVAL BETWEEN ONSET AND DEATH						
		Conditions, if ony, which gove (b)	sion							
		stating the underlying couse but 10 last.								
3	CATION	PART M. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES \( \) NO \( \)								
		CAUSE OF DEATH.								
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PYARE OF INJURY (Home, form, Hour association of work at work a								
		21. I certify that I took charge at the remains described above, held an Autopsy, Inspection, Inquiry, and in my apinion death resulted from: Notural causes, Accident, Suicide, Hamicide, Undetermined manner								
		ACTUAL SIGNATURE ACTUAL CONTRACTOR OF THE SIGNATURE	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED						
d	00	EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	8/67						
٥		BUCIAL, CREMATION, REMOVAL (Specify)  23b. DATE THEREOF  4-12-67  Bethel Way	of cross Him ingtow							
1	24	Puntury E. Secrell. Prince Fred	250. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	ules Judge						

VR A 15ME (5)



death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foreral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after.

Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 2DM 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATI	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYLAND
04952	CERTIFICATE OF DEATH	4952
PLACE DF DEATH	I 2 HSHAL RESIDENCE (Where deceased lived if institution:	Residence before admission)

1	a. COUNTY		a. STATE	b. COUNT	
	Calvert	MARYLAND	Mary]		Calvert
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	DF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, writ	e RURAL and give nearest town)
P	rince Frederick. Md. 1 da	V	Hunting	town	04,1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
C	alvert County Hospital				YES X ND
3.		ddle	Last	4. DATE Month	Day Year
	(Type or print) Vivian		Jones	DEATH April	7 19 67
5.	CEV 1 C COLOR OR PAGE !	MARRIED 1 8	B. DATE OF BIRTH	19 AGE (In years II)	FUNDER 1 YEAR HELINDER 24 HRS.
	emale Negro WIDOWED D		8-27-66	last birthday) yrs.	Months Days Hours Min.
108	LUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSII ing most of working life, even if retired) INDUSTRY	NESS DR	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	mg most or marining into ordinary reduced)		Maryland		U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAID		
	Lloyd Jones		Carlise V	ivian Brooks	
15	. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SOCIAL SECU	RITY NO.   17.	INFORMANT	Address	
(1)	es, no, or unkown) (If yes give war or dates of service)	T.7	ovd Jones	Huntingtown	. Maryland
-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b)		oya Jones,	Hancing com	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	1	7		ONSET AND DEATH
	MACHINE CAUSE (a)	200.	prince		
	Conditions, If any, which \	//			
	gave rise to immediate	0			
	cause (a), stating the DUE TO				
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN P	ART 1(a) 119, WAS AUTOPSY
ATI			. ED TO THE TAKENHATED		PERFORMED?
IFIC	20a ACCIDENT WAS LINDERLYING TO 1 20b DESCRIBE HO	W INTERV OCCU	PRED (Enter nature of	injury in Part I or Part II of	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	THE REPORT OF THE	NNED. (Eliter Hatere of	many in rail to rail to or	item 10.7
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCUP	RED   20e. PLAC	CE OF INJURY (Home, far ry, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
MED	Hour a.m. While Not Whi	16		16/	
	21. I certify that (I) (this hosp(tal) attended the dece	ased from	//0 19	68. to // 2	. 196/, that (I) (we) last
	saw the deceased-alive on 4 19 kg	47	death occurred at	he T	nd on the date stated above.
	22a. SIENATURE	/	10		22b. DATE SIGNED
	III/Our	M.D.		MED. STAFF PHYS.	4-8-67
	22C. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
	George J. Weems, M	. D .	Hunting	town, Maryla	nd
238	BUMAL, CREMATION, 23b. DATE THEREOF 23c. NAM REMDVAL (Specify)	E OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	
	4-9-67   ward	ds Ch.	Cem		
24	. FUNERAL DIRECTOR ADDR	ESS	4 D D	D BY REGISTRAR   25b, REG	GISTRAR'S SIGNATURE
	tenking E, Sewell, Inci	ra Dre	d. Md DATE	1 2 1967	Lend any
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Jam. Po the first tradition of the first terms ligns to Bands x Electric de la Company de la Company de Lacons Maryland president matrix addition Layd sones Liota Jones, Santiartorn, Mary and Ta-5-1 Dearest J. Rooms, M.U. C. Hulletine over, Marriand ALL SOLD STANDARD TO BE STANDARD

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages that should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after dealth. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

	94953
1.	PLACE OF DEATH
	Ua.
R	b. CITY OR TOWN (I
	d. NAME OF HOSPIT.
	Calvert
	NAME OF DECEASED (Type or print)
S.	SEX
	emale
100	. USUAL OCCUPATION

CERTIFICATE OF DEATH

DANES

72000	,						U-45	MAL	
1. PLACE OF DEATH				2. USUAL RESIDENCE (	Where deceose	ed lived, if instituti	on: Residence be	fore odmissi	on)
Ce	alvert	( )euc	MARYLAND	o. STATE Mary	land	b. (00h	Calve	rt	
b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	itside corporot		AL ond give neo	rest town)	
	ince Fred		4hrs,	Rura	1-Sol	omons	04	1.1	
d. NAME OF HOSP	ITAL OR INSTITUTION (If not	in hospital, g	ive street address)	d. STREET ADDRESS				e. IS RESII ON A F.	
	County Ho								NO X
3. NAME OF DECEASED	Firs		Middle	Last	4. DATE OF	Mont		oy Ye	ar
(Type or print)	Mar	rie	Elizabeth	Lankford	DEATH	4	2	20 19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR		
female	white	WIDOWED	DIVORCED	9-30-10		last birthdoy) 50 yrs.	Months Doy:	s Hours	Min.
10o USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or for	eign country)	12. CITIZEN		
during most of workin	g life, even if refired)	IN	Home	Marvlan	d		U.S.	Λ.	
13. FATHER'S NAME	VII 0		TIVING	14. MOTHER'S MAIDEN			10.00	IL .	
Elliot	t E. Dixor	1		Lenora	Overt	on			
	/ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO. 17.	INFORMANT		Addre	ee		
(Yes, no, of unknown)	(If yes give war or dates of	service)		rnard Lan	lef and		omons,	Ма	
110				rnaru Lan	KI Oru	2010			
18. CAUSE OF I	DEATH (Enter only one couse ATH WAS CAUSED BY:	per line for	(o), (b), and (c).)	0.	1			NTERVAL BET ONSET AND D	
2 2	IMMEDIATE CAUSE (	) (	rebull a	ccelle				011001111100	, chill
3.3	DUE T	0 1	111						
Conditions, if on		)_/-	peren	200	- \				
stoting the und		0	1//						
last.	) (	:)							
PART II. OTHER S	SIGNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN	N IN PART 1(a)	1	9. WAS AUTO	OPSY
0							0.00	PERFORM YES	NO T
20o. ACCIDENT W. OR CONTRIBUTION	AS UNDERLYING	20h DF9	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port Lor Port	II of item 18 )		163	110
OR CONTRIBUTING	G 🗆 CAUSE OF DEATH	200.00	THE THE THE PARTY OF THE PARTY	(Elliot Holoro of Injory III	1017 1 01 1011	11 01 110111 10.7			
	JURY Month, Doy, Yeor	204 11	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, forn	n. 20f.	//:h	(6		15
20c. TIME OF IN Hour o	.m.	While		tory, street, office bldg., etc.		(City or town)	(County)		(Stote)
р	.m. 19	at/work	ot work			11/10	11	7	
		itall attend	led the deceased from_	110	956, to		196/	thot (I) (	we) los
	deceased alive on	7/17	19 // and tha	t death occurred at	12:50am	, from causes o	and on the d	ate stated	dopone
22o. SIGNATURE	441100	in	ub M.	D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SI	GNED	
22c. PHYSICIAN	5 9/000		110	22d. ADDRESS	DIRECTOR	<u> </u>			
NAME (Type	e) George J	Ween	ms. M.D.	Hunti	ngtow	n, Mary	rland		
23o. BURIAL, CREMAT	9		23c. NAME OF CEMETERY OR			AJION (City or Tov		atri) is	(total)
REMOVAL (Specif	Y) Day	= 10/=	ZUC. MAINE OF LEMETERY OR	11 1:4/6	4-	A TON (CITY OF TOV	Vn) (Cour	()	stote)
		5,1767	Dotomon & 1/2	thedis (encl		omens (	aloest	Co /	K,
24. FUNERAL DIRECT	1	01	ADDRESS	4	BY REGISTRA	732	SISTRAR'S SIGNAT	Juda	2
1.4. Mark	selle Hon 1	det	Meaulier.	md, DATEAP	R 24	1967	- Con	10	_

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		04954		CERTIFICA	TE	OF DEATH	one, manually x 1x01	ſ	119	54
	1. [	PLACE OF DEATH		1	2. USUAL RESIDENCE (	Where deceosed lived, if institut	ion: Residence	e before	odmission)	
	(	o. COUNTY Calvert	MADVIAND		o. STATE	vland b. coul	MTV	lvei		
	1	b. CITY OR TOWN (If autside corporate limits,		MARYLAND c. LENGTH OF STAY IN 1b			y Larru itside corparate limits, write RU			
		write RURAL and give nearest town)						CAL ONG GIVE	nour GS	4/1
	m	ural-Prince Freder d. NAME OF HOSPITAL OR INSTITUTION (If not in I	ick	55 days		d. STREET ADDRESS	ake Beach			IS RESIDENCE
2					d. SIKEEL ADDKESS				ON A FARM?	
7	Calvert County Hospita								_	ES NO
		NAME OF First DECEASED		Middle		Lost	4. DATE Mont	h	Doy	Year
	S. S	(Type or print) Elizabe			rr		DEATH April	I IF UNDER 1	7	19 <b>67</b> IF UNDER 24 HRS.
Н		7.1	MARRIED [	NEVER MARRIED		DATE OF BIRTH	9. AGE (In years lost birthdoy)		Doys	Hours Min.
	-	11112 0 0	IDOWED [	DIVORCED	1 4	-6-97	70 yrs.			
	duri	. USUAL OCCUPATION (Give kind of work done na most of working life, even if retired)		D OF BUSINESS OR USTRY			& Stote, or foreign country)		ZEN OF VINTRY?	TARW
		ng most of working life, even if retired) <b>Housewife</b>	Don	nestic		Washingt			U.S.	A.
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
		Joseph Kelly				l Alvey				
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of serv	OCIAL SECURITY NO. 1	7. IN	FORMANT	Addre	225			
	,	No	557	7-30-9898 J	Toh	n W. Mer	ry, Chesapes	ike Bo	eacl	n. Md.
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY:							RVAL BETWEEN ET AND DEATH	
	IMMEDIATE CAUSE (0) Carcinoma of Darge								UNJE	I AND DEATH
		1538 DUE TO D								
		(conditions, if ony, which gove ) (b) Sove all (b) Sove all (conditions)								
		stating the underlying couse DUE 10								
		tost. (c) OUD OND LOS								
2	*	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)								WAS AUTOPSY PERFORMED?
	CATIC								YES	
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	ED. (E	nter nature of injury in	Part I or Port II of item 18.)					
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				3				
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Home, form, Hour o.m. 20f. (City or town) (County)							(Stote)	
	ME	p.m. 19	ot work		100101					
		21. I certify that (I) (this haspital) attended the deceased fram June 1962, ta 2-2-61, 19, that (I) (we) las								
		saw the deceased alive an 19, and that death accurred at 10_M, fram causes and an the date stated above								
		220. SIGNATURE 22b. DATE SIGNED								
		M.D. PHYS. LID DIRECTOR LI PHYS. LI 4-8-67								
1		22c. PHYSICIAN'S  NAME (Type) Tagger Fil Downland  Prince Frederick Manyland								
1		NAME (Type) Issam El Damalouji, M.D.   Prince Frederick, Maryland								
	230	BURIAL, CREMATION, 23b. DATE THEREOF		23c. NAME OF CEMETERY			23d. LOCATION (City or To		(County)	(Stote)
			1967	Cedar Hill	C		Washington			
	24	FUNERAL DIRECTOR	111	ADDRESS		SMAP R I	D BY REGISTRAR OCCUR. RI	GIS RAR' SIG	SNATURE	
1	X	+11/chin Turena	Hon	2 / lurans	0	March .	1 1301	- 1	0	And Toronto

**FO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after <u>death</u> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the functal director, page 3 shauld be detached far use as the burial-transit permit. Then prece remave carban papers. Pages V and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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Jan Jan	normania valoni 1890 ja 1894	), 1967) Codar, BL	n trage Tellich

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	ending physicion.	DR: After this certificate hos been signed by the ottending physician ond completely filled in by the funeral	is the burial-tronsit permit. Then please remove corbon papers. Pages 1 and 2	rior to buriol, cremation, or removol, and in ony event, with in 72 nours after death.
The	atte	hos	ISe d	Ith pr
DING PHYSICIAN:	ined by the hospital or attending physicion.	After this certificate	be detoched for u	State Dept. of Heal
TEN	inec	OR:	ould	the

04955 CERTIFICATE OF DEATH

04955

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	PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE	(Where deceosed lived, if instit		efare admission)		
	Calvert	d. SIAIL Mar	o. STATE Maryland b. COUNTY Calvert						
	b. CITY OR TOWN (If autside carparate limits.		c. LENGTH OF STAY IN 16						
Ru	write RURAL and give neares trawn)	erick	42 hours	Rural-P	rince Frede	rick	14.1		
	d. NAME OF HOSPITAL OR INSTITUTION (If no			d. STREET ADDRESS			e. IS RESIDENCE		
	Calvert County						ON A FARM? YES NO		
	NAME OF Fi	Middle	Last		inth	Day Year			
	DECEASED (Type or print) Res	nee	Helen	Smith	OF DEATH		11 19 67		
5.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years	IF UNDER 1 YE	AR IF UNDER 24 HRS.		
5	emale Negro	WIDOWED	DIVORCED [	7-10-65	last birthdoy)	Months Do	ys Hours Min.		
	. USUAL OCCUPATION (Give kind of work done	10b. KI	ND OF BUSINESS OR		y & State, ar fareign country)	12. CITIZE	N OF WHAT		
dur			DUSTRY	Maryland		COUNTRY? U.S.A.			
13	FATHER'S NAME			14. MOTHER'S MAIDEN		Uok	J. A.		
10.									
10	John Norman Kin		COCIAL CECUDITY NO. I		Herlina Smi				
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknawn) (If yes give wor or dates o	of service)	SOCIAL SECURITY NO.	17. INFORMANT		dress			
	no		none	Algea Smit	h Prince	Freder	cick, Md.		
	1B. CAUSE OF DEATH (Enter only one cau	ise per line for	(a), (b), and (c).)	` /	1		INTERVAL BETWEEN		
	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) // Leece or Lee (Browles)  ONSET AND DEATH								
- 1	491X DUE TO								
	Canditions, if any, which gave ) (b)								
rise ta immediate cause (a).									
	stating the underlying cause								
		(c)					19. WAS AUTOPSY		
8	PART II. OTHER SIGNIFICANT CONDITIONS C	O DEATH BUT NOT KETATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(a)		PERFORMED?			
CERTIFICATION					YES NO				
TE	20o. ACCIDENT WAS UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I ar Part II af item 1B.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year	20d. II	BURY OCCURRED 20e	. PLACE OF INJURY (Home, far		(County	(Stote)		
MED	Hour o.m.	While		foctory, street, office bldg., etc	(.)				
	p.ne. diwork = diwork =								
	sow the decesed olive on								
7	ATTENDING MED. STAFF								
	HIREC			M.D. PHYS.	DIRECTOR L PHYS.	1-1	1-67		
	22c. PHYSICIAM'S NAME (Type) GOOR	T	11	22d. ADDRESS					
	7 7 4001	ge J.	Weems, M.		ingtown, Ma				
230	BUNAL, CREMATION, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or	Town) (Co	unty) (State)		
	REMOVAL (Specify) 4-13.	- 67	St.John	Ch. Cem.	Lower Ma	rlboro-	-Cal.Md		
24	FUNERAL DIRECTOR	0 .	ADDRESS	2So. REC	'D BY REGISTRAR 2Sb.	REGISTRAR'S SIGN			
1	87 Sourell	W.	10 Fred.	and AH	1 7 1967 4	Charles	Under		

TO HOSPITAL OR ATTI
POGE 4 may be retain
POGE 4 may be retain
TO FUNERAL DIRECTOR
GO CONTROL
STORY
SHOULD be filed with the

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